

	<b>JUSTICE CABINET DEPARTMENT OF JUVENILE JUSTICE POLICY AND PROCEDURES</b>	<b>REFERENCES:</b> <b>3-JTS-4C-04, 34</b> <b>3-JDF-4C-04, 33</b> <b>1-JBC-4C-32</b> <b>NCCHC Y-32</b>
<b>CHAPTER: Health and Safety Services</b>		<b>AUTHORITY: KRS 15A.065</b>
<b>SUBJECT: Hospital Care</b>		
<b>POLICY NUMBER: DJJ 404.8</b>		
<b>TOTAL PAGES: 2</b>		
<b>EFFECTIVE DATE: 4/4/2014</b>		
<b>APPROVAL: A. Hasan Davis</b>		<b>, COMMISSIONER</b>

## **I. POLICY**

Each DJJ facility shall make arrangements in advance for providing both in-patient and out-patient hospital care for medical conditions.

## **II. APPLICABILITY**

This policy shall apply to group homes and youth development centers and shall govern the actions of detention centers in complying with applicable sections of DJJPP Chapter 7 (Health Services and Suicide Prevention and Intervention).

## **III. DEFINITIONS**

Refer to Chapter 400.

## **IV. PROCEDURES**

- A. DJJ programs shall develop an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. The superintendent shall ensure that all staff are aware of these agreements and how to access them if necessary. These agreements shall be reviewed every 12 months by the responsible parties, including the hospital administrator or designee, to ensure its continuation unless the agreement is written to include a clause that the agreement is ongoing unless canceled by one or both parties with 30 days notice.
- B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include:
  1. A transfer of a summary of the Medical Record;
  2. Procedures for transporting youth;
  3. The required personnel to accompany youth to the medical facility; and,
  4. The discharge of youth with a summary of treatment received.
- C. The Medical Director shall approve non-emergency hospital care or outpatient surgery.

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- D. Staff shall accompany youth to the hospital and stay with them through admission. Medically sensitive conditions and specific precautions shall be taken by the transporting staff and documented prior to transport. A summary of the medical record shall be transferred with the youth. Youth from secure facilities shall require around-the-clock supervision during their stay at the hospital. When warranted, a medical escort will accompany transporting staff.
- E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. Notification shall occur within one business day of admission and shall include:
  - 1. The youth's name;
  - 2. The name of the hospital;
  - 3. A general description of the youth's condition; and,
  - 4. An expected discharge date (if available).
- F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager if a youth is hospitalized, and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid.
- G. Parents or legal guardians shall be notified if acute care hospitalization is needed for a youth.
- H. When a youth is admitted or returned to a DJJ facility from a medical/surgical facility, written clearance from the discharging facility shall be received by the DJJ facility staff person in charge of the youth's health care or the facility Superintendent. The written clearance shall be placed in the youth's medical record.
- I. The facility Registered Nurse or designee shall be contacted upon return of the youth from the hospital and shall provide direction for follow-up care. If treatment is to be provided in the facility, the Superintendent or designee shall assure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

## **V. MONITORING MECHANISM**

Monitoring shall be accomplished by the Medical Director or designee, the facility Superintendent or designee, the Quality Assurance Branch, and the Registered Nurse.